

FY 2012 Budget Period Progress Report (BPR) Noncompeting Continuation Instructions Frequently Asked Questions (FAQs)

Below are common questions and corresponding answers for the FY 2012 Budget Period Progress Report (BPR) Instructions. The FAQs are available on the BPR Technical Assistance page located at <http://bphc.hrsa.gov/policiesregulations/continuation>. New FAQs will be added as necessary, so please check this site frequently. The FAQs are organized under the following topics:

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ISSUE: General Information

1. Who should submit a BPR?

Health Center Program grantees who **do not** have a project period end date in FY 2012 (October 1, 2011 – September 30, 2012) should submit a BPR to provide HRSA with an update on progress and challenges related to program implementation.

2. If a grantee receives multiple Health Center Program funding streams (CHC, HCH, and PHPC), should the BPR include all of these?

Yes. All target populations (in this case, general underserved community, homeless individuals, and residents of public housing) and their funding streams are considered to be in the current scope of project and should be included in the BPR submission.

3. Can a grantee make changes to the scope of project with the BPR submission?

No. Changes to the scope of project must be requested using the change in scope module within EHB. Forms 5A, 5B, and 5C will be pre-populated from the grantee's official scope of project and cannot be modified. Narrative included in the submission related to changes in scope will **not** constitute a formal request for change in scope via EHB.

ISSUE: Award Information

4. When will BPR funds be awarded?

BPR funding will be issued on or around the FY 2012 budget period start date (see Table 1 of the BPR Instructions).

5. What is the length of the project period?

The submission and approval of a BPR will enable a current grantee to access funding for one budget period only. Each year, Health Center Program grantees must complete either a BPR submission or a Service Area Competition (SAC) application, depending on the end date of their project period. Project period end dates are determined by the project period specified in the Notice of Award for a New Access Points (NAP) or SAC grant.

ISSUE: Application Development

6. Is there a page limit for the BPR submission?

Yes. There is a 60-page limit (approximately 8 MB) on the length of the total application when printed by HRSA. Please refer to Tables 2-5 on pages 6-9 of the BPR Instructions for information on what is counted in the page limit.

7. Are the Performance Measures Forms included in the page limit?

No. However, any information that will not fit in the Performance Measures Forms should be included in the Evaluative Measures section of the Program Narrative Update where it will count toward the page limit.

8. Does HRSA have guidelines (e.g., font type, font size) for the BPR Program Narrative Update?

Yes. According to the *HRSA Electronic Submission User Guide*, available online at <http://www.hrsa.gov/grants/apply>, grantees should submit single-spaced narrative documents with 12 point, easily readable font (e.g., Times New Roman, Ariel, Courier) and 1-inch margins. Smaller font (no less than 10 point) may be used for tables, charts, and footnotes.

ISSUE: Program Narrative Update

9. Have the Program Narrative Update instructions or items changed since last year?

Yes. The Program Narrative Update changes each year. Grantees are expected to carefully read the BPR Instructions and respond to all items in the Program Narrative Update. For the FY 2012 BPR, it is no longer acceptable to write “no update” for any item in the Program Narrative Update. The Program Narrative Update now requires grantees to **highlight the current status and describe any changes** for most items.

Below are examples of some of the new Program Narrative Update items:

- An item about FQHC-related benefits and BHPC/HRSA-targeted initiatives has been added to the Response Section.
- An item about EHR/HIT and meaningful use has been added to the Resources/Capabilities Section.
- An item has been added to the Governance Section for grantees who are Indian tribes or tribal, Indian, or urban Indian groups.

10. Where should the information requested in the Program Narrative Update be provided?

Grantees should provide the requested information in the Program Narrative Update (Attachment 1) unless directed to include information in other attachments or forms. Below are

examples of instances in which requested information should be included in attachments or forms:

- In the Collaboration section of the Program Narrative Update, grantees are directed to include Letters of Support for new or revised collaborations in Attachment 8.
- In the Evaluative Measures section of the Program Narrative Update, grantees are directed to include performance measures information in the Performance Measures Forms.

Grantees who are unable to convey all relevant information in the specified form fields may include additional information in the appropriate section of the Program Narrative Update. **Do not** use the Program Narrative Update to repeat information already included in the forms.

ISSUE: Performance Measures

11. Where can I find more information on the Performance Measures?

Refer to Appendix B of the BPR Instructions for details on how to complete the Performance Measures Forms. Information is also available on the following sites:

<http://bphc.hrsa.gov/policiesregulations/performance Measures>
<http://www.hrsa.gov/data-statistics/health-center-data/reporting/index.html>

12. How should grantees develop their baseline and goals for the performance measures?

Baselines for performance measures should be developed from data that are valid, reliable, and whenever possible, derived from currently established management information systems. Data sources could include electronic health records, disease registries, and/or chart sampling. In the Performance Measures Forms, baseline data will be pre-populated from the 2010 UDS Report. Pre-populated data can be changed, but a justification **must** be provided in the Comments field.

Goals (projected data) should be realistic for achievement by the end of the project period. They should be based on data trends and expectations, factoring in predicted contributing and restricting factors as well as past performance. In the Performance Measures Forms, projected data fields will be pre-populated from the most recent SAC or NAP application. Pre-populated data can be changed, but a justification must be provided in the Comments field.

13. How should grantees develop their oral and behavioral health performance measures?

Grantees should report on their previously developed behavioral and oral health performance measures. These measures will be pre-populated in the Performance Measures forms. If new behavioral and oral health performance measures are being developed, they may be patient-centered or agency-centered, based on the services or referral to services provided by the grantee. When developing measures, keep in mind that while oral health screening is a required primary care service, the minimum requirement for behavioral health service is a formal referral.

14. Which performance measures must be included in the application?

Grantees are required to include the following Clinical Performance Measures: Diabetes, Cardiovascular Disease, Cancer, Child Health, Behavioral Health, and Oral Health. Additionally, grantees that directly provide or pay for Prenatal Health and Perinatal Health services must include these measures.

Grantees are required to include the following Financial Performance Measures: Total Cost per Patient and Medical Cost per Medical Visit. Additionally, grantees that are not tribal or public center grantees must include Change in Net Assets to Expense Ratio, Working Capital to Monthly Expense Ratio, and Long Term Debt to Equity Ratio measures.

Grantees may define as many additional Other measures as desired (both clinical and financial). Please note that all measures defined in the BPR submission should be reported on yearly for the duration of the project period.

15. Are grantees required to include the new or revised clinical performance measures?

No. Grantees are not required to include the new clinical performance measures (Weight Assessment and Counseling for Children and Adolescents, Adult Weight Screening and Follow-Up, Tobacco Use Assessment, Tobacco Cessation Counseling, and Asthma – Pharmacological Therapy) and may mark them as not applicable. However, these measures will be required in the 2011 UDS Report.

Additionally, grantees are not required to report on the revised versions of the Diabetes and Child Health clinical performance measures. A grantee choosing to report on the revised measures should note this in the Comments field. A grantee choosing not to report on the revised measures should be aware that the revised measures will be required in the 2011 UDS Report.

16. Where can a grantee find additional information on the revised performance measures?

A document entitled New and Revised Clinical Performance Measures is posted at <http://bphc.hrsa.gov/policiesregulations/continuation>. Additional performance measure resources, including information on upcoming training and technical assistance opportunities, can be found at <http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html>.

17. Can you clarify the age range for the Cancer performance measure?

The measure is for women receiving a Pap test in the measurement year or two years prior which creates a “look-back period” (i.e., a woman who is currently 24 years old may have been 21 years old when she received a Pap test two years prior to the current measurement year). The data reflects women age 21-64, though the 24-64 age range is used to obtain the data.

18. Will grantees be able to mark both the Perinatal Health and Prenatal Health performance measures as not applicable?

Yes. Both the Perinatal Health performance measure and the Prenatal Health performance measure can be marked not applicable. Please note that only grantees that do not directly provide or pay for these services are permitted to mark these measures as not applicable.

19. What should a grantee do if a previously defined Other measure is no longer relevant?

In some instances, a grantee may want to stop tracking a measure altogether or stop tracking a measure in favor of adding a new, more relevant measure. When this occurs, a grantee should mark the Other measure as not applicable and explain why the measure is/will no longer be tracked in the Comments field. This will prevent the measure from appearing in the grantee's future BPRs and SACs.

ISSUE: Budget Presentation

20. Are there activities that are ineligible for BPR funding?

Yes. BPR funding may not be used for construction/renovation of facilities, fundraising/grant writing, or lobbying efforts.

21. Who can I contact for specific questions about budget preparation, including eligible costs?

Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245 or dmarx@hrsa.gov.

22. Does HRSA require grantees to have an indirect cost rate?

No. If a grantee does not have an indirect cost rate agreement, costs that would fall into such a rate (e.g., the cost of operating and maintaining facilities, administrative salaries) may be charged as direct line-item costs. If a grantee wishes to apply for an indirect cost rate agreement, more information is available at <http://rates.psc.gov>.

23. What happened to the Budget Summary and Budget Categories forms? What is the new Budget Information: Budget Details form?

The Budget Summary form and the Budget Categories form were combined and are now Section A and Section B, respectively, of the new Budget Information: Budget Details form. The new form also includes Section C: Non-Federal Resources. All sections of the Budget Information: Budget Details form must be completed.

24. Is the budget narrative the same thing as a budget justification?

Yes, for the purpose of the BPR, they are the same.

25. What should be included in the budget narrative?

A detailed budget narrative in line-item format must be completed for the upcoming budget period only. The budget narrative must detail the costs of each line item within each object class category from the Budget Categories form. It is important to ensure that the budget narrative contains detailed calculations explaining how each line-item expense is derived (e.g., number of visits, cost per unit).

26. Should the budget presentation include non-Federal funding (i.e., other program funding to represent the cumulative funding required for project implementation)?

Yes. The BPR requires the submission of a total project budget.

ISSUE: Program Specific Forms

27. How and why was Form 1C changed?

Form 1C was shortened to decrease grantee burden and increase alignment with the Health Center Program requirements. Additionally it now asks grantees to provide the date items were last reviewed or revised rather than only the date of last revision.

28. Is there a limit for the number of board members that can be listed on Form 6A?

Yes. Grantees may include no less than 9 and no more than 25 board members on this form. These numbers are determined by the program regulations.

ISSUE: Attachments

29. How should attachments be formatted?

All attachments should be provided to HRSA in a computer-readable format (i.e., do not upload text as images). To the extent possible, HRSA recommends PDF files but will accept Microsoft Word or Excel files. Please do not use spaces or special characters when naming files. Applicants should avoid Excel documents with multiple spreadsheets as individual worksheets may not print out in their entirety. Be sure to upload the attachments in the appropriate fields in EHB.

30. Can grantees upload additional attachments?

Grantees may upload additional relevant material in Attachment 8. Documents included in this attachment will be included in the 60-page limit.

31. Is there a specific order required for the assembly of the BPR submission?

Yes. Grantees must upload attachments into the appropriate fields in EHB. See the BPR Instructions and the *HRSA EHB User Guide: Noncompeting Continuation (NCC) Progress Report for BPHC* available in EHB and at <http://bphc.hrsa.gov/policiesregulations/continuation> for guidance.

32. For Attachment 3: Organizational Chart, who is considered “key personnel”?

Key personnel may include key management staff such as the Chief Executive Officer (CEO), Chief Clinical Officer (CCO), Chief Financial Officer (CFO), Chief Information Officer (CIO), and Chief Operating Officer (COO), along with other individuals directly involved in oversight of the project (e.g., Project Director) as determined by the grantee.

33. What is the difference between a Position Description (Attachment 4) and a Biographical Sketch (Attachment 5)?

A position description outlines the key aspects of a position (e.g., position title; description of duties and responsibilities; position qualifications; supervisory relationships; skills, knowledge, and experience requirements; travel requirements; salary range; work hours). A biographical sketch describes the key qualifications of an individual that make him/her qualified for a position (e.g., past work experience, education/training, language fluency, experience working with the cultural and linguistically diverse populations to be served).

34. What needs to be included in Attachment 6: Summary of Contracts, Agreements, and Sub-Recipient Arrangements?

Grantees must attach a summary of any **new or revised** arrangements, contracts, and/or agreements. Grantees do not have to include arrangements, contracts, and/or agreements for areas such as janitorial services.

35. What needs to be included in Attachment 7: Sliding Fee Discount Schedule(s)?

Grantees must attach the current sliding fee discount schedule(s), indicating the date of the most recent review/revision.

ISSUE: Application Submission

36. Where can I get the BPR Instructions?

The BPR Instructions are available at <http://bphc.hrsa.gov/policiesregulations/continuation>.

37. How do I submit my BPR submission when is it due?

All components of the BPR submission are to be provided to HRSA via EHB. Refer to Table 1 in the BPR Instructions for the EHB deadline for each FY 2012 budget period start date.

38. When can a grantee begin the EHB submission process?

A grantee will receive notification from the EHB system that work can begin on the BPR submission approximately three months before that grantee's BPR submission deadline. Notification from EHB will go to all individuals who have noncompeting continuation edit privileges in EHB for that grantee organization.

39. How will grantees be notified if their BPR submission was not successfully submitted in EHB?

The EHB system will provide a submission confirmation message. Grantees should monitor their e-mail accounts, including spam folders, for e-mail notifications and/or error messages to ensure that there are no submission errors. All submission errors must be corrected prior to the EHB deadline.

40. What happens if HRSA determines that a grantee's submission is insufficient?

An incomplete or non-responsive BPR submission will be returned to the grantee through a "request change" notification via EHB. The grantee will be required to provide clarification or submit missing documentation/information.

Failure to submit the BPR by the established deadline or a submission of an incomplete or non-responsive progress report may result in a delay in Notice of Award issuance or a lapse in funding. It is recommended that a grantee carefully review the BPR submission to ensure it is both complete and responsive before submitting it in EHB.

ISSUE: Technical Assistance and Contact Information

41. If I encounter technical difficulties when trying to submit my application in HRSA EHB, who should I contact?

Contact the BPHC Helpline Monday through Friday, 8:30 a.m. to 5:30 p.m. ET (excluding Federal holidays) at 1-877-974-2742 or BPHCHelpline@hrsa.gov. Applicants may also refer to the *HRSA Electronic Submission User Guide* available at <http://www.hrsa.gov/grants/apply>.

42. Who should I contact with programmatic questions concerning the BPR submission requirements and process?

Refer to the BPHC TA page at <http://bphc.hrsa.gov/policiesregulations/continuation> for TA slides, instructions for accessing a replay of the grantee TA call, FAQs, and samples of the Program Specific Forms, among other resources. Grantees may also contact Cheri Daly in the Bureau of Primary Health Care's Office of Policy and Program Development at BPHCBPR@hrsa.gov or 301-594-4300.

43. Who should I contact with budget-related questions?

Contact Donna Marx in the Division of Grants Management Operations at 301-594-4245 or dmarx@hrsa.gov.

44. Are there other sources for TA that I could contact?

Applicants may seek technical assistance on the preparation of the BPR by contacting the appropriate Primary Care Associations (PCAs), Primary Care Offices (PCOs) and/or National Cooperative Agreements (NCAs). Refer to <http://bphc.hrsa.gov/technicalassistance/partnerlinks> for a complete listing of PCAs, PCOs, and NCAs.